

BALTIMORE CITY OVERDOSE PREVENTION PLAN & REPORT ON PROGRESS

JULY 2014

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Section 1: Purpose and Problem Definition

Overdose refers to the either accidental or intentional use of a substance which results in a toxic state and/or death. In the United States, deaths from drug overdoses have been rising over the last two decades, and are now the leading cause of injury death (surpassing motor vehicle accidents).¹ Pharmaceuticals cause the majority of overdose deaths in the United States (55% in 2011); of pharmaceutical-caused deaths in 2011, 74% involved an opioid and 30% a benzodiazepine. The increase in overdose deaths nationally has paralleled an increase in opioid prescribing, sales, and treatment admissions,² as well as an increase in emergency department visits for both pharmaceutical misuse and adverse drug reactions.³ The recent public health emphasis on overdose has focused on prescription drugs, especially opioids.

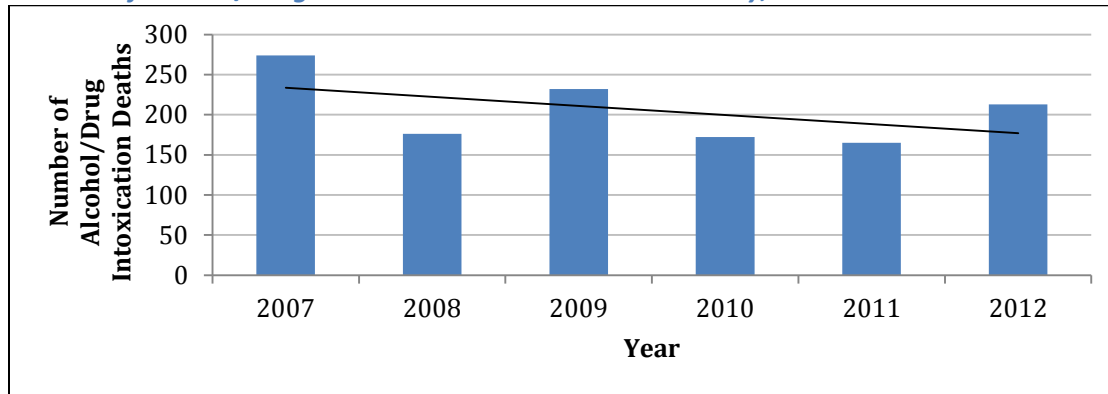
The overarching goal of this plan is to prevent fatal overdoses in Baltimore City. More specifically, we aim to:

- (1) Reduce the number of people at risk for overdose in Baltimore City;
- (2) Train likely bystanders/first responders to respond effectively to opioid overdoses; and
- (3) Develop a clearer understanding of overdose deaths in Baltimore City through data, and use this understanding to shape future overdose prevention strategies.

Section 2: Review of Data

In 2012, 213 people died in Baltimore City of intoxication related to alcohol and other drugs (“D&A intoxication deaths”). The number of D&A intoxication deaths fluctuated over the period from 2007 to 2012, but the general trend in both the number and rate of deaths was a small decrease.

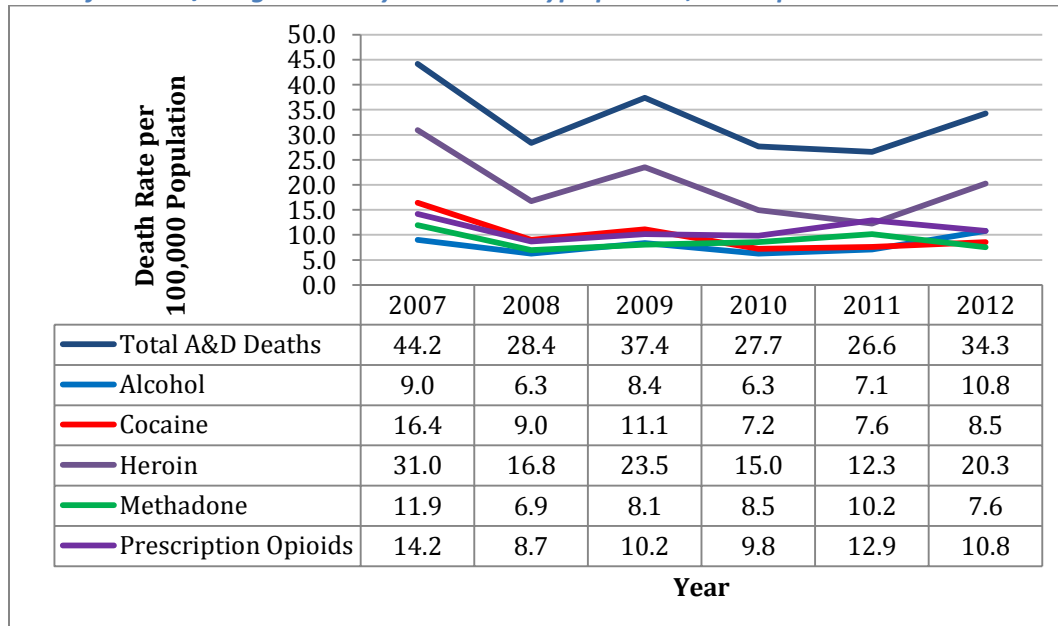
Number of Alcohol/Drug Intoxication Deaths in Baltimore City, 2007-2012⁴



Of the 213 D&A intoxication deaths that occurred in Baltimore City in 2012:

- 59% were heroin-related,
- 31% were alcohol-related, and
- 22% were methadone-related.

Rate of Alcohol/Drug Deaths by Substance Type per 100,000 Population in Baltimore City, 2007-2012⁴



The charts and information above were drawn from a report on intoxication deaths produced by the Baltimore City Health Department and Behavioral Health System Baltimore in April 2014. More detailed information on overdose deaths is available in that report.⁴

Section 3: Report on Progress since 2013 Plan

The following tables illustrate the goals and strategies from the 2013 overdose prevention plan for Baltimore City, along with the progress to date. Note that the goals and strategies for July 2014 to June 2015 are in section four and are different from those listed in this section.

Goal 1: *Identify meaningful ways to obtain and analyze data that will allow Baltimore City to develop more targeted interventions by June 2014.*

Problem Statement	Strategies	Measurable Outcomes/ Timeline	Progress to Date (July 2014)
Baltimore City overdose data is not reported in one central location. (Last report completed was for 2009 deaths.)	Develop an annual report on intoxication deaths for Baltimore City.	2012 report will be completed within six months of receiving data from OCME.	Report was released in 4/14. BCHD received aggregate data on all overdose deaths in Baltimore City from 2007 to 2012 (age, sex, and race of decedent; type of substance causing death). No zip code-level data or toxicology reports were received.
Baltimore City does not systematically review individual case reports of overdose deaths.	a) Develop a local overdose fatality review team (LOFRT.)	LOFRT will start within 2 months of receipt of case reports.	LOFRT first met in February 2014, one month after data was received.
		LOFRT will meet monthly thereafter.	LOFRT has met monthly since February 2014.
	b) Develop a mechanism that will allow all information collected through the LOFRT to be analyzed in aggregate.	BHS Baltimore will develop data collection tools.	BHS Baltimore developed data collection forms for all partner agencies.
		BHS Baltimore will build the database.	Completed 6/14. Database is ready for data entry.
		BHS Baltimore will develop data entry manual.	In progress.
		BHS Baltimore & BCHD will develop reporting mechanisms for data collected in this database.	In progress.

Goal 2: Increase awareness of overdose risk and overdose prevention strategies among providers who prescribe opioids (methadone, buprenorphine, and prescription opioids).

Problem Statement	Strategies	Measurable Outcomes/ Timeline	Progress to Date (July 2014)
Opioid prescribing practices are contributing to the use of opioids for non-medical purposes.	Hold Risk Evaluation and Mitigation Strategies (REMS) training on extended-release/long-acting opioids for prescribing clinicians.	# of Baltimore City practitioners who participate in training.	30 clinicians participated in training on 5/14/14.
		Participating clinicians' opinions about anticipated changes in practice will be evaluated after the training.	Of 25 respondents: <ul style="list-style-type: none"> • 76% said they would make changes regarding counseling patients & caregivers about safe use of extended-release/long-acting (ER/LA) opioid analgesics • 56% said they would make changes regarding referring patients when appropriate • 44% said they would make changes regarding assessing patients for treatment with ER/LA opioid analgesic therapy • Only 8% indicated they would make no changes.
Many health care providers are not aware of the Maryland PDMP (Prescription Drug Monitoring Program) system, which will allow prescribers to assess whether a patient is receiving controlled drugs from other providers.	PDMP education campaign to healthcare providers	# of clinical providers in Baltimore City who receive information on registration & effective use of PDMP.	Michael Baier, PDMP Coordinator, presented on PDMP to 10 buprenorphine providers funded by BHS Baltimore (3/18/14).
		Percentage of new providers participating in PDMP each quarter.	BHS Baltimore's contracts for fiscal year 2015 require substance use treatment providers with physicians, nurse practitioners, or physician assistants on staff to register for the PDMP by 9/1/14 and to consult the PDMP on a routine basis.
Emergency room physicians often feel they need to prescribe opioids to patients who come in complaining of pain.	Develop and disseminate opioid prescribing guidelines for emergency room (ER) clinicians.	Public dissemination of opioid prescribing guidelines for ER clinicians in Baltimore City by 6/14.	<ul style="list-style-type: none"> • Maryland ACEP released prescribing guidelines in pamphlet form: "Maryland Emergency Department and Acute Care Facility Guidelines for Prescribing Opioids" (4/14). • Maryland Opioid Prescribing Guidelines were formally presented at the 4/14 Maryland ACEP conference.

Problem Statement	Strategies	Measurable Outcomes/ Timeline	Progress to Date (July 2014)
Opioid maintenance providers are often not aware of potentially harmful interactions between benzodiazepines and opioids.	Educate opioid maintenance providers on risks of benzodiazepine use with opioids.	Number of providers who receive the guidelines	BHS Baltimore distributed the guidelines to approximately 50 treatment centers and approximately 50 buprenorphine continuing care physicians. Available at www.bhsbaltimore.org/site/wp-content/uploads/2013/02/Benzo-Guidelines-FINAL-May-2013.pdf
		Number of providers who attend the BHS Baltimore-sponsored dinner to review benzodiazepine prescribing guidelines.	30 physicians attended the review of benzodiazepine prescribing guidelines (6/17/13). Attendees represented: 8 FQHC/community medical centers, 7 managed care organizations, 7 addictions treatment programs, and 2 other organizations.

Goal 3: Increase the number of individuals screened for at-risk alcohol and drug use and ensure those individuals are referred to appropriate treatment services by July 2015.

Problem Statement	Strategies	Measurable Outcomes/ Timeline	Progress to Date (July 2014)	
Many individuals who are using alcohol and/or other drugs in a risky manner are not identified, referred, or engaged in alcohol/drug treatment programs.	Continued support for Screening, Brief Intervention and Referral to Treatment (SBIRT) for substance use in Bon Secours emergency room (ER). Expand SBIRT to Mercy Medical Center ER.	Full implementation of SBIRT into standard practice in Mercy ER by 4/14.	SBIRT was fully implemented at Mercy ER in 4/14.	
			<i>Bon Secours (7/1/13 - 6/20/14)</i>	<i>Mercy (5/7/14 - 6/20/14)</i>
		# of employees trained	n/a	96
		# of patients screened	5722	5633
		# of positive screens	1686	1075
		# of brief interventions by coaches	1546	439
		# of referrals to treatment	341	25
		# of linkages to treatment (verified entry into treatment)	141	20
Approximately 50% of individuals who call the BHS Baltimore information & referral phone line never show up for their intake visit at treatment center.	Develop systems that will allow better outreach to individuals who call the information and referral line but do not present for their treatment intake.		BHS Baltimore and HCAM have met to consider ways to increase the show rate for appointments scheduled through the intake & referral line. BHS Baltimore is looking to identify additional funding sources to be able to provide more comprehensive follow-up mechanisms.	

Goal 4: Increase educational efforts and general overdose risk awareness to high-risk groups.

Problem Statement	Strategies	Measurable Outcomes/ Timeline	Progress to Date (July 2014)
General population awareness surrounding risks of opioid overdose is low.	Create a Baltimore City Overdose Awareness Day .	# of attendees at Overdose Awareness Day event on 8/21/13.	Approximately 100 people attended BCHD Community Risk Reduction Services the City Overdose Awareness Day on 8/21/13 (hosted by BCHD Community Risk Reduction Services).
		# of people trained on overdose prevention & response at Overdose Awareness Day event (8/21/13).	22 people were trained on opioid overdose prevention & response and received naloxone kits.
People who have recently been released from jail/prison are at higher risk for overdose than the general public.	Provide overdose prevention education to inmates at the Baltimore City Detention Center (BCDC).	# of people who receive overdose training through the ACT-SAP program # of people who receive naloxone either at the time of release or shortly after release	163 BCDC inmates were trained in overdose prevention & response in 2013. 4 BCDC inmates received naloxone soon after release.
Although SB 610 allows family and friends of opioid users to be trained to use naloxone to reverse overdoses, trainings are not yet available.	Provide naloxone trainings for friends and family of opioid users ("third-party naloxone trainings").	<ul style="list-style-type: none"> # of trainings held # of people trained # of naloxone kits distributed 	BHS Baltimore and Baltimore Student Harm Reduction Coalition (BSHRC) have been authorized by DHMH as naloxone training entities. BHS Baltimore and Baltimore City Health Department: <ul style="list-style-type: none"> Held 5 third-party naloxone trainings in May & June 2014 Trained 109 people Distributed 104 intranasal naloxone kits
		# of overdose reversals in Baltimore City reported to Maryland Poison Center	0 overdose reversals in Baltimore City reported to Maryland Poison Center as of 7/15/14. (Note that trainees have only been asked to call Maryland Poison Center to report reversals since May 2014.)

Section 4: Baltimore City Overdose Prevention Plan, July 2014 to June 2015

The following table sets forth Baltimore City's overdose prevention plan for the coming year.

Goal	Strategy	Measurable objective (including timeline)	Progress (to be updated in 1/15)
1. Reduce the number of people at risk for overdose in Baltimore City.	1a. Educate clinicians about best practices for prescribing opioids.	1a. Clinicians in Baltimore City will participate in training on Risk Evaluation & Mitigation Strategies (REMS) for extended-release/long-acting opioids between 7/1/14 and 6/30/15. <u>Track</u> # of clinicians trained	
	1b. Increase clinicians' use of the Prescription Drug Monitoring Program (PDMP).	1b. All substance use disorder (SUD) treatment providers that are funded by BHS Baltimore will be registered for the PDMP by 12/31/14. <u>Track</u> # of BHS Baltimore-funded SUD treatment providers that are registered for PDMP	
	1c. Screen individuals in emergency rooms for high-risk alcohol and drug use, and refer to substance use disorder treatment as appropriate.	10,000 individuals will be screened in Baltimore City emergency rooms for high-risk alcohol and drug use from 7/1/14 to 6/30/15. <u>Track:</u> <ul style="list-style-type: none"> • # of positive screens • # of brief interventions by coaches • # of referrals to treatment • # of linkages to treatment (verified entry into treatment) 	

2. Train likely bystanders/first responders to respond effectively to opioid overdose.	2a. Provide overdose response training to people who are likely to be bystanders during an opioid overdose.	2a-i. Community Risk Reduction Services (of the Baltimore City Health Department) will provide overdose response training to people who currently use (or recently used) opioids. <u>Track:</u> <ul style="list-style-type: none"> • # of people trained • # of naloxone kits distributed • # of overdoses reversed 	
		2a-ii. Baltimore Student Harm Reduction Coalition and Behavioral Health System Baltimore will train and certify 500 people in opioid overdose response between 7/1/14 and 6/30/15. <u>Track:</u> <ul style="list-style-type: none"> • # of people trained • # of naloxone kits distributed • # of overdoses reversed 	
	2b. Develop a system to ensure that inmates who complete overdose response training at the Baltimore City Detention Center receive a naloxone kit at the time of release from detention.	2b. By 6/30/14, a system will be in place to ensure that inmates who have completed overdose response training at the Baltimore City Detention Center receive a naloxone kit at the time of release from detention. <u>Track:</u> <ul style="list-style-type: none"> • # of people trained • # of naloxone kits distributed 	

	<p>2c. Behavioral Health System Baltimore will collaborate with Baltimore City Emergency Medical Services (EMS) to train EMS personnel on how to provide information on overdose prevention/response to people who have overdosed on opioids and bystanders.</p>	<p>2c. By 12/31/14, at least one cohort of Baltimore City EMS personnel will be trained to provide information on overdose prevention/response to people who have overdosed on bystanders and opioids.</p> <p><u>Track #</u> of EMS employees trained to provide information on overdose prevention and response.</p>	
<p>3. Develop a clearer understanding of overdose deaths in Baltimore City through data, and use this understanding to shape future overdose prevention strategies.</p>	<p>4a. Produce annual reports on intoxication deaths in Baltimore City.</p>	<p>4a. The Baltimore City Health Department (BCHD) and Behavioral Health System Baltimore (BHS Baltimore) will produce and make public an updated intoxication deaths report by 6/30/15.</p>	
	<p>4b. Through the Baltimore City Overdose Fatality Review (OFR) and the associated database, collect and analyze data on people who have died of overdose in Baltimore City.</p>	<p>4b-i. The OFR database will be in use by 9/1/14.</p>	
		<p>4b-ii. By 12/1/14, BCHD and BHS Baltimore will develop a plan for analysis and use of data in the OFR database.</p>	

Section 5: References

¹ Prescription Drug Overdose in the United States: Fact Sheet. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/homeandrecreationalsafety/overdose/facts.html> Updated July 3, 2014. Accessed July 21, 2014.

² Vital Signs: Overdoses of Prescription Opioid Pain Relievers – United States, 1999-2008. Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm> Published November 1, 2011. Accessed July 21, 2014.

³ Highlights of the 2011 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits. Substance Abuse and Mental Health Services Administration. <http://www.samhsa.gov/data/2k13/DAWN127/sr127-DAWN-highlights.htm> Published February 22, 2013. Accessed July 21, 2014.

⁴ Chandran A, Salisbury-Afshar E, Giraldo Jimenez M et al. 2007-2011 Drug- and Alcohol-Associated Intoxication Deaths: Baltimore City. <http://www.bhsbaltimore.org/site/wp-content/uploads/2013/09/Balt-City-DA-Intox-Deaths-07-12-FINAL-April-2014.pdf> Published April 2014. Accessed July 21, 2014.